

PATIENT CHOICE STATEMENT

(To be completed for all new patients/guardians)

Patient Name: _____

I, _____, the undersigned, patient/guardian understand that it is my right to select the home care provider of my choice. I have selected Ultimate Home Health Care free of any undue pressure or solicitation by any employee of Ultimate Home Health Care and further declare that my receipt of home care services from Ultimate Home Health Care is by choice. I have been advised by the admitting nurse that if for any reason I wish to change services to another homecare agency, it is my right to do so.

PATIENT TRANSFER STATEMENT

(To be completed by all patients transferring from other agencies)

Not applicable

I _____, the undersigned patient/guardian for _____,

hereby requests that home health services be transferred from _____ to
Ultimate Home Health Care

My reason(s) for this request is:

I believe I will be better served by Ultimate Home Health Care.

I wish to be served by _____ a nurse/aide employed by
Ultimate Home Health Care.

Other (explain) _____

I am making this request of my own free will and have not been coerced, solicited, or pressured to do so by any employee of Ultimate Home Health Care.

Signature of Agency Representative

Date

Signature of Patient/Guardian

Date